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NO. 5403 P. 1

SEP 07 2005

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## TELEFAX

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Date: September 7, 2005 Total pages: 12 including cover  
To: US PTO Telephone: Telefax: 571-273-8300  
From: Rivka Monheit Telephone: 404-879-2152 Telefax: (404) 879-2160  
Our Docket No. MIT 6210 Client/Matter No. 701350/00008  
Your Docket No.

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### MESSAGE:

#### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Linda G. Cima, Edward W. Merrill, and Philip R. Kuhl

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OIPE/IAP

SEP 08 2005

Serial No.: 08/398,555 Art Unit: 1654

Filed: March 3, 1995 Examiner: Jeffrey E. Russel

For: **CELL GROWTH SUBSTRATES WITH TETHERED CELL GROWTH  
EFFECTOR MOLECULES**

#### Attachments:

Transmittal Form PTO/SB/21

Fee Transmittal Form PTO/SB/17

Response and Transmittal of Terminal Disclaimer

Terminal Disclaimer to Obviate a Double Patenting Rejection Over Two Issued Patents

Three (3) Statements Under 37 CFR 3.73(b)

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NO. 5403 P. 2

PTO/SB/21 (09-04)

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TRANSMITTAL  
FORM

(to be used for all correspondence after initial filing)

		Application Number	08/398,555
		Filing Date	March 3, 1995
		First Named Inventor	Linda G. Cirna
		Art Unit	1654
		Examiner Name	Jeffrey E. Russel
Total Number of Pages in This Submission	11	Attorney Docket Number	MIT 6210

## ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input checked="" type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Three (3) Statements Under 37 CFR 3.73(b)
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Pabst Patent Group LLP		
Signature			
Printed name	Rivka D. Monheit		
Date	September 7, 2005	Reg. No.	48,731

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature

Typed or printed name

Carla Stone

Date

September 7, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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NO. 5403 P. 3

**SEP 07 2005**

PTO/SB/17 (12-04)

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**Effective on 12/06/2004.**  
**Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**

## **FEE TRANSMITTAL For FY 2005**

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT (\$)** **(\$)** **130.00**

### **Complete if Known**

Application Number	08/398,555
Filing Date	March 3, 1995
First Named Inventor	Linda G. Cima
Examiner Name	Jeffrey E. Russel
Art Unit	1654
Attorney Docket No.	MIT 6210

### **METHOD OF PAYMENT (check all that apply)**

Check  Credit Card  Money Order  None  Other (please identify):

Deposit Account Deposit Account Number: 50-3129 Deposit Account Name: Pabst Patent Group LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
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### **FEE CALCULATION**

#### **1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<b>Application Type</b>	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		<b>Fees Paid (\$)</b>
	<b>Fee (\$)</b>	<b>Small Entity</b>	<b>Fee (\$)</b>	<b>Small Entity</b>	<b>Fee (\$)</b>	<b>Small Entity</b>	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

#### **2. EXCESS CLAIM FEES**

##### **Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

<b>Small Entity</b>	
<b>Fee (\$)</b>	<b>Fee (\$)</b>

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200 100

Multiple dependent claims

360 180

##### **Total Claims**

**Extra Claims** **Fee (\$)** **Fee Paid (\$)**

##### **Multiple Dependent Claims**

**Fee (\$)** **Fee Paid (\$)**

7 - 20 or HP = 0 x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20

##### **Indep. Claims**

**Extra Claims** **Fee (\$)** **Fee Paid (\$)**

2 - 3 or HP = 0 x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3

#### **3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
_____	_____	/ 50 = _____ (round up to a whole number)	_____ x _____	= _____

#### **4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: Terminal Disclaimer

**Fees Paid (\$)**

\$130.00

#### **SUBMITTED BY**

Signature	<i>Rivka D. Monheit</i>	Registration No. 48,731 (Attorney/Agent)	Telephone (404) 879-2152
Name (Print/Type)	Rivka D. Monheit	Date September 7, 2005	

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